

10/52231A

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					SERIAL NO.	FILED DATE							
					APPLICANT(S)								
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2						52							
3						53							
4						54							
5						55							
6						56							
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43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	3	↓		↓	↓								
TOTAL DEP.	11	←	←	←	←								
TOTAL CLAIMS	11												
TOTAL IND.		↓		↓	↓								
TOTAL DEP.		←	←	←	←								
TOTAL CLAIMS													